UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1998/P/L.20
13 November 1997

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1998
26-28 and 30 January 1998
Item 8 of the provisional agenda*

FOR INFORMATION

COUNTRY NOTE**

Djibouti

SUMMARY

The Executive Director presents the country note for Djibouti for a programme of cooperation for the period 1999 to 2003.

THE SITUATION OF CHILDREN AND WOMEN

1. The population and the economy of Djibouti continue to recover from the three-year civil conflict which ended in late 1994. In the three districts affected, most schools and health centres were destroyed, although 90 per cent have now been rebuilt. As a result of the conflict, migration to Djiboutiville, the capital, increased its population by 10 per cent. Recent refugees now account for at least one fifth of the population, forming the most economically disadvantaged group. The 1996 situation analysis identified four groups of children in need of special protection: disabled children, street children, juvenile delinquents and poor children. These categories include almost all refugee children.

2. The forces of globalization have led to the rapid expansion of a modern service sector, including port operations, banking and telecommunications. Seventy per cent of the population are excluded from this formal sector, subsisting on petty trading and casual labour, with a gross national product per capita estimated at $310 (World Bank, 1997). By this measure and by others related to child health and education, Djibouti ranks with the poorer countries

* E/ICEF/1998/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1998.

of sub-Saharan Africa. The infant mortality rate (IMR) is 112 per 1,000 live births and the under-five mortality rate (U5MR) is 157 per 1,000 live births. Between 1980 and 1995, U5MR declined by only 21 per cent. Twenty three per cent of children under five years of age are moderately or severely underweight and 22 per cent are moderately or severely stunted. The maternal mortality rate (MMR) is 570 per 100,00 live births. This results largely from harmful traditional practices, including dietary restrictions during pregnancy, first childbirth at an early age and female genital mutilation, which affects 95 per cent of women. In 1997, 5,000 people were diagnosed as HIV-positive and 1,100 had AIDS. The literacy rate in 1995 was 80 per cent for males and 33 per cent for females over the age of 15 years. The net primary school enrolment ratio in 1994 was 37 for boys and 28 for girls. The drop-out rate before sixth grade is 12 per cent and at the end of the primary cycle is 43 per cent. Places in secondary school accommodate only 31 per cent of the sixth grade enrolment.

3. At the same time, it has been possible to reach much of the population with selected, key services, especially through the use of intensive, pulsed interventions. Immunization rates exceed 80 per cent, vitamin A supplementation is available to 68 per cent of children over one year, seven of the eight maternity hospitals have become "baby-friendly", 85 per cent of women are familiar with oral rehydration therapy (ORT) and 90 per cent of the population have access to safe drinking water.

LESSONS LEARNED FROM PAST COOPERATION

4. The mid-term review (MTR) concluded that stronger linkages were needed between UNICEF-supported activities and other donor-assisted programmes. As a follow-up to the MTR, the Government, UNICEF and the French Cooperation Mission more closely coordinated their efforts to rehabilitate three zones affected by armed conflict, including the provision of equipment to schools and clinics and training of teachers and health workers. There is now increased coordination of support to the peri-urban project, "PK-12", which was initiated with UNICEF support in 1995. Canadian funds support provision of safe water, micro-credit and a fishing cooperative; the International Conference of Catholic Churches (CARITAS) provides technical support to the micro-credit initiative; the French Cooperation Mission funded road construction; and UNICEF supported the establishment of the health post, primary school and water and sanitation system and provided seed money for a revolving micro-credit fund.

5. Consistent advocacy with decision makers and civil society has resulted in increased political commitment to child rights. A Family Code has been drawn up which integrates diverse existing codes, including the Civil Code and Shari'a, tribal and customary law, and the Convention on the Rights of the Child. Information on the Convention has been incorporated in the primary school curriculum, and the Convention is being distributed in the country's four official languages. Additional, increased advocacy is now needed to translate this commitment into specific gains for children, and special efforts will be needed to encourage implementation of the Convention on the Elimination of All Forms of Discrimination against Women and to eliminate female genital mutilation.

6. The progress in selected indicators for children, including provision of safe water, immunization rates and knowledge of ORT, have not yet led to a significant rapid decrease in child and infant mortality. It appears that where high numbers of women are illiterate and unschooled and where women's low status does not permit them to make use of services, it is difficult for mothers to

make best use of services or information. For example, to reduce significantly deaths from diarrhoeal disease and acute respiratory infections, the main contributors to U5MR, mothers need to understand these illnesses better, to know when and how to intervene and to be able to seek health services.

7. Creative efforts are needed to bridge the gap between the traditional way of life of many Djiboutians and the burgeoning modern, high-technology sector. More than 40 per cent of households own a television and 56 per cent own radio. In education, this access to electronic media has led to the development of multi-media approaches using television, radio and face-to-face communication to reach parents with messages on improving the care and stimulus given to young children. Additional innovative approaches are being sought for other sectors.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The strategy meeting, held in October 1997, stressed the need to continue to strengthen partnership, coordination and complementary deployment of resources among development partners. The framework for the proposed country programme is provided by the national programme of action (NPA), the Conventions on the Rights of the Child and on the Elimination of All Forms of Discrimination against Women and the 20/20 Initiative, which the Government has adopted. The objectives are to promote the implementation of the Convention on the Rights of the Child while supporting achievement of the NPA goals, which have been extended to 2003. Key NPA goals are to reduce U5MR and IMR by one third, MMR by 50 per cent and acute malnutrition by 20 per cent. Education objectives are to reduce female illiteracy by 10 per cent and to make basic education available to all. The strategy meeting decided that the proposed country programme would have a four-part structure of survival, development, protection and planning and monitoring. This would better accommodate innovative, cross-sectoral strategies, such as the "child-friendly" villages, which might not readily fit in the classical sectors of health and education.

9. The survival programme will focus on improving maternal and child health (MCH) by strengthening service delivery structures and institutions so that accomplishments in immunization, provision of vitamin A and knowledge of ORT can be sustained, and so that coverage can be extended to the most marginalized people. Additional service delivery interventions will be added, particularly in growth promotion, nutrition education, better sanitation and hygiene and healthy living. Service delivery will continue for the provision of vaccines, equipment for health centres and essential drugs. There will be capacity-building of health and community workers, both in technical MCH skills and in community leadership. Advocacy will encourage mothers to adopt healthy caring practices for their children. A key strategy will be working through integrated projects in urban slums and in selected villages with a "child-friendly" villages project, where health services and education will be part of a package of interventions, along with support for projects that integrate literacy for women, skills training, micro-credit and income-generating activities. UNICEF cooperation will therefore build on the experience in the country with training and with pilot, community-level projects. This will complement the efforts of other development partners, including the United Nations Population Fund, the World Food Programme and the World Health Organization, as well as the World Bank, which supports health reform; the French Cooperation Mission, which provides technical support, training, hospital equipment and essential drugs; Italian Cooperation; and non-governmental organizations including the Association of Medical Doctors of Asia.

10. The development programme will focus on basic education and poverty alleviation. UNICEF will support improvements in educational quality and efficiency, including the adaptation of the curriculum to local requirements, especially by building the capacity of teachers and administrative personnel. Secondly, UNICEF will promote parents' acceptance of education, through advocacy. In urban slums and in "child-friendly" villages, UNICEF will promote girls' education and the use of social services overall, by supporting functional literacy programmes for women to increase their social, economic and political power. A service delivery component will continue, including textbooks which incorporate these approaches and school supplies. Finally, within the framework of the poverty alleviation programme financed in collaboration with the United Nations Development Programme, the World Bank and the African Development Bank (AfDB), UNICEF will support community activities including a revolving fund for a micro-credit programme for women.

11. The protection programme will continue intensive advocacy to build high-level support and general public awareness of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the Family Code. Materials on the concept and issues of child rights will be incorporated more widely in schoolbooks and on television and radio, and will be part of the training of service providers, community workers and volunteers in the urban slums and "child-friendly" villages. There will be intensive efforts to eliminate the practice of female genital mutilation through advocacy with political leaders and religious authorities. This will be done in collaboration with the National Union of Djiboutian Women and health officials who have called for an end to this practice. There will also be efforts to assess the extent and nature of the problems facing children who need special protection, including street and working children and disabled children.

12. The planning and monitoring programme will build the technical capacity of the National Directorate for Statistics (Direction national de statistique) to improve the availability and analysis of data on children and women in Djibouti. In cooperation with AfDB and the World Bank, technical assistance will be provided to conduct surveys of trends in social indicators, using the 1996 Household Survey as a baseline. This will clarify trends affecting children and support adjustments in the policies intended to support them.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1999-2003 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Survival	854	1 500	2 354
Development	850	1 150	2 000
Protection	850	750	1 600
Planning and monitoring	750	350	1 100
Total	3 304	3 750	7 054

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.